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Attorneys At Law
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CABLE: PATBURN
TELEX: ITT 440 580 BDSM ALE

TELEPHONE: (703) 836-6620

TO: Curtis Sherrer
FROM: Donna M. Mauth
DATE: November 22, 1995
PAGES TO FOLLOW: 19

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PLEASE DISTRIBUTE ADDITIONAL COPIES OF THE FAX TO THE FOLLOWING PERSON(S) AT YOUR LOCATION:

MESSAGE:

Enclosed is a copy of our response with extension of time. A copy of our postcard will follow.

Client No. 001560-223

Fax Tel. No. 703-305-3602

If you have any questions regarding compatibility, you may reach our Office Services Department at (703) 836-6620.

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BDSM (1/95)

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NOV 22 1995

Patent
Attorney's Docket No. 001560-223

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)	ATTN: BOX AF
M. ONO et al)	
Application No.: 08/385,206)	Group Art Unit: 1302
Filed: February 8, 1995)	Examiner: C. Sherrer
For: HOP EXTRACT AND USE THEREOF)	

RESPONSE TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

OFFICIAL

Sir:

Enclosed is a response for the above-identified patent application.

☒ A Petition for Extension of Time is also enclosed.

☐ Also enclosed is ____.

☐ ____ verified statement(s) claiming small entity status
[] are also enclosed [] were submitted previously.

☐ A Contingent Notice of Appeal is also enclosed. The response submitted herewith is being submitted after a final rejection. In the event that the amendments therein are entered but do not result in allowance of all the claims, then the enclosed Contingent Notice of Appeal appealing all finally rejected claims should be entered and the Commissioner is authorized to deduct from Deposit Account No. 02-4800 the fee of [] \$145 [] \$290 for a filing a Notice of Appeal in accordance with 37 C.F.R. § 1.191(a).

☐ The earliest effective U.S. filing date of this application is before June 8, 1993. In the event that the response submitted herewith is denied entry, the Commissioner is authorized to deduct from Deposit Account No. 02-4800 the fee of [] \$375 [] \$750 for entry of the submission in accordance with 37 C.F.R. § 1.129(a).

☒ No additional claim fee is required.

☐ An additional claim fee is required, and is calculated as shown below:

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DOCKETED
DMM
filed 10/27/95

(BDSM 6)
(10/95)

Response Transmittal Letter
 Application Serial No. 08/385,206
 Attorney's Docket No. 001560-223
 Page 2

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims		MINUS =		x \$22 =	
Independent Claims		MINUS =		x \$78 =	
If Amendment adds multiple dependent claims, add \$250.00					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					

☐ A claim fee in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17 and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in triplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS

By: 

Donna M. Meuth
 Registration No. 36,607

P.O. Box 1404
 Alexandria, Virginia 22313-1404
 (703) 836-6620

Date: October 27, 1995

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(BDSM 6)
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GOT
CHG

Amendment: PETition for extension of time: ck\$ 900.00

PAPER: _____

INVENTOR: Ono

SERIAL NO. 08/385,206

FILING DATE: 2/8/96



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001560-223 Ack: DMM 10/27/95

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